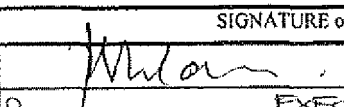


HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

REVOCAION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY and CHANGE OF CORRESPONDENCE ADDRESS	<i>Application/Patent Number</i>	7,384,643
	<i>Filing/Issue Date</i>	June 10, 2008
	<i>First Named Inventor/Patentee</i>	Geoffrey Smith
	<i>Confirmation Number</i>	3996
	<i>Group Art Unit</i>	1648
	<i>Examiner Name</i>	Agnieszka Boesen
	<i>Attorney Docket Number</i>	3022.1005-001
<i>Title</i>	Recombinant Poxvirus	
I hereby revoke all previous powers of attorney given in the above-identified application.		
<input checked="" type="checkbox"/> I hereby appoint the following practitioner(s): <u>Jill Martin, Reg. No.: 50,006</u>		
OR		
<input type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number:		
Please change the correspondence address for the above-identified application to:		
<input checked="" type="checkbox"/> Jill Martin, Reg. No.: 50,006 BioMedica, Inc. 11622 El Camino Real, Suite 100 San Diego, California 92130		
<input type="checkbox"/> Other		
Please direct all telephone calls and facsimiles to:		
Name	<u>Jill Martin</u>	Tel. No. <u>858-200-3415</u> Fax No. <u>858-677-6505</u>
I am the:		
<input type="checkbox"/> Applicant/Inventor.		
<input checked="" type="checkbox"/> Authorized representative of the Assignee, Oxxon Therapeutics Limited, of the entire interest. See 37 CFR § 3.71. A Statement under 37 CFR § 3.73(b) is enclosed.		
<input type="checkbox"/> Authorized representative of the Assignee, [FILL IN WITH NAME OF ASSIGNEE], together with [FILL IN WITH NAME OF ASSIGNEE], of the entire interest. A Statement under 37 CFR § 3.73(b) is enclosed.		
SIGNATURE of Applicant or Assignee of Record		
Signature		
Name & Title	PETER NOLAN - EXECUTIVE DIRECTOR AND SENIOR VICE PRESIDENT - COMMERCIAL DEVELOPMENT	
Date	10 th FEBRUARY 2010	